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Bib Data Sheet

CONFIRMATION NO. 3543

SERIAL NUMBER 09/285,292	FILING DATE 04/02/1999 RULE	CLASS 435	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 023070-09140
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APPLICANTS

DONNA G. ALBERTSON, LAFAYETTE, CA;
DANIEL PINKEL, WALNUT CREEK, CA;
COLIN COLLINS, SAN RAPHAEL, CA; JOE W. GRAY, SAN FRANCISCO, CA;
BAUKE YSTRA, SAN FRANCISCO, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
** 04/29/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance.	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CA	3	70	5
Examiner's Signature _____ Initials _____				

ADDRESS
22798
QUINE INTELLECTUAL PROPERTY LAW GROUP, P.C.
P O BOX 458
ALAMEDA, CA
94501

TITLE
AMPLIFICATION OF CYP24 AND USES THEREOF

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
RECEIVED		

SERIAL NUMBER 09/285,292	FILING DATE 04/02/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 023070-09140
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APPLICANT DONNA G. ALBERTSON, LAFAYETTE, CA; DANIEL PINKEL, WALNUT CREEK, CA;
COLIN COLLINS, SAN RAPHAEL, CA; JOE W. GRAY, SAN FRANCISCO, CA; BAUKE
YSTRA, SAN FRANCISCO, CA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

AMH

NONE

****371 (NAT'L STAGE) DATA*******

VERIFIED

AMH

NONE

****FOREIGN APPLICATIONS*******

VERIFIED

AMH

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/29/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 5
Verified and Acknowledged	<u>AMH</u> Examiner's Initials	<u>AMH</u> Initials				

SEE CUSTOMER NUMBER: 020350

ADDRESS

TITLE

AMPLIFICATION OF CYP24 AND USES THEREOF

FILING FEE RECEIVED \$973	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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